


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002957	
1. Entity Name PARTNERSHIP FOR A DRUG-FREE COMMUNITY OF SOUTH FLORIDA, INC.	

Principal Place of Business 3361 BELVEDERE ROAD SUITE D WEST PALM BEACH, FL 33406	Mailing Address 13132 48TH CT N ROYAL PALM BCH, FL 33411
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01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARROLL, DORIS 13132 48TH CT N ROYAL PALM BCH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE C	NAME SAMPSON, FRANK
STREET ADDRESS 808 19TH STREET	CITY - ST - ZIP WEST PALM BEACH, FL
TITLE D	NAME SAMPSON, MARGARET
STREET ADDRESS 808 19TH ST	CITY - ST - ZIP W PALM BCH, FL 33411
TITLE MD	NAME CARROLL, DORIS
STREET ADDRESS 13132 48TH COURT NORTH	CITY - ST - ZIP ROYAL PALM BEACH, FL 33411
TITLE DT	NAME SHEFFIELD, PAT
STREET ADDRESS 1071 SUGAR SAND BLVD	CITY - ST - ZIP RIVIERA BCH, FL 33404
TITLE RO	NAME BESS, ALEX REV
STREET ADDRESS 4771 PINEKNOTT LANE	CITY - ST - ZIP WEST PALM BEACH, FL 33417
TITLE VC	NAME GANNON, BETTY
STREET ADDRESS 12890 WILTON ROAD	CITY - ST - ZIP JUNO BEACH, FL 33408

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02/08/05-80013-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doris Ann Carroll Jan 1, 2005 561-686-9003